

Item 18 GLH  
7-20-51 ans

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05999  
Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural- Swanton</b> TOWN <b>Swanton</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>North Glade</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural- Swanton</b> TOWN <b>Swanton</b> STREET ADDRESS (If rural, give location) <b>North Glade</b>	
3. NAME OF DECEASED (Type or Print) <b>Joseph Eugene Beckman</b>		4. DATE OF DEATH (Month) <b>June</b> (Day) <b>11</b> , (Year) <b>1951</b>	
6. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 23, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done at least of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE last birthday <b>72</b> yrs. If under 1 year Months <b>2</b> Days <b>18</b> Hours <b>18</b> Mins.
11. BIRTHPLACE (State or foreign country) <b>Garrett Co., Md.</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>	
13. FATHER'S NAME <b>Theodore Beckman</b>		14. MOTHER'S MAIDEN NAME <b>Louisa O'Brien</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Anna L. Sharpless, Blaine, W. Va.</b>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Heart failure</b>		<b>?</b>
Antecedent cause(s) (b) <b>Arteriosclerotic cardio-vascular disease.</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (7-20-51 ans)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **died June 5, 1951**, to **June 5, 1951**, that I last saw the deceased alive on **Dead**, 19**51**, and that death occurred at **11** m., from the causes and on the date stated above.

SIGNATURE <b>Thomas A. Gosh, M.D. (Asst. Med. Exam - Acting)</b>	ADDRESS <b>Oakland, Md</b>	DATE SIGNED <b>13 June 51</b>
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	DATE THEREOF <b>6/14/51</b>	NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>
LOCATION (City, town, or county) (State) <b>North Glade, Garrett Co. Md</b>	24. FUNERAL DIRECTOR <b>O. Brock Sharpless</b>	ADDRESS <b>Blaine, W. Va.</b>
DATE REC'D BY LOCAL REG <b>6/14/51</b>	REGISTRAR'S SIGNATURE <b>Julia A. Rawan</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Baumgardner. Deputy Medical Examiner  
out of town. attending medical Convention  
in Atlantic City N.J. Julien

RECEIVED  
JUN 22 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06000

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY Carr	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) Jennings	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) BABY	(Middle) GIRL	(Last) BITTINGER
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH JUNE 30, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. Months Days 1 55
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME BITTINGER, HERMAN BEAR		14. MOTHER'S MAIDEN NAME GUTHRIE, ELSIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS HERMAN BITTINGER			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Prematurity - Pyloric 22 wks duration

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

## 20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1951, to Jan 30, 1951, that I last saw the deceased

alive on Jan 30, 1951, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

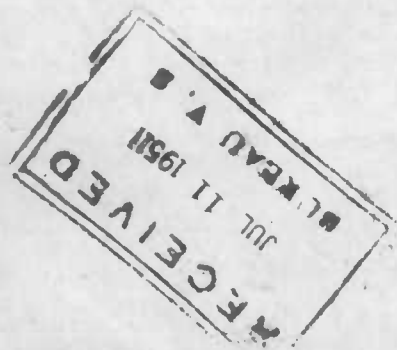
120630192220

GRANTSVILLE MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



*Barney*

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH										18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause					(a) <u>Cerebral Haemorrhage</u>					2 mo			
Antecedent cause(s)					(b) <u>Arteriosclerosis</u>								
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					(c) <u>Arteriosclerosis</u>								
II. OTHER SIGNIFICANT CONDITIONS													
Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?	
												Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) OF INJURY		(Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>				HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from May 1, 1951, to June 23, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<u>[Signature]</u>	<u>[Title]</u>	<u>[Address]</u>	<u>[Date]</u>

**SIGNATURE**

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>6/28/51</u>	NAME OF CEMETERY OR CREMATORY <u>LADY HILL CEMETERY</u>	LOCATION (City, town, or county) <u>Grantsville, RD, Md.</u>
DATE REC'D BY LOCAL REG. <u>June 27, 1951</u>	REGISTRAR'S SIGNATURE <u>Echel Broadwater</u>	24. FUNERAL DIRECTOR <u>Wm. Minthberg</u>	ADDRESS <u>Grantsville,</u>

Grantsville,

MD.

MARGIN RESERVED FOR BINDING

VS. A15

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 28 1954  
BUREAU W. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06002

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE PENNSYLVANIA COUNTY MIFLIN	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) LEWISTOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS 126 ELIZABETH STREET	
3. NAME OF DECEASED (Type or Print)	(First) BABY (Middle) GIRL (Last) CASSIDY	4. DATE OF DEATH (Month) JUNE (Day) 28 (Year) 19 51	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH JUNE 28, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. 13
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME CASSIDY, ELMER EDGEL		14. MOTHER'S MAIDEN NAME HAVICE, ALICE DOROTHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Mrs. Elmer Cassidy, 126 Elizabeth St.			

## 18. MEDICAL CERTIFICATION Lewistown, Pa.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a)

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1951, to 28 June, 1951, that I last saw the deceased

alive on 28 June, 1951, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTERAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/29/51 Julia A. Nowan Verbert C. Leighton Oakland, Md.

966281 940314

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The registrant age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 716

RECEIVED  
JUL 11 1951  
BUREAU A. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06003

Reg. Dist. No. 66

1. PLACE OF DEATH COUNTY <u>Garrett</u> <u>Oakland, MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland, R.D. 1 Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland, Route #1. Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	<u>Hazel</u>	<u>Florence</u>	<u>Dillsworth</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/26/1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>32</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Preston Co. West Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harry Ark</u>		14. MOTHER'S MAIDEN NAME <u>Mae Hemrick.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Leonard Dillsworth, Oakland, Md.</u>			

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Periarteritis nodosum

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) with severe nephritis, encephalitis, myocarditis

1 yr.

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1950, to June 20, 1951, that I last saw the deceased

alive on June 9, 1951, and that death occurred at            m., from the causes and on the date stated above.

SIGNATURE Harold C. Miller M.D. ADDRESS Egton, W. Va. DATE SIGNED 6/25/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/22/1951</u>	<u>Underwood Cemetery</u>	<u>Near Oakland, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/22/1951</u>	<u>Julia C. Brown</u>	<u>Harvey D. Bolden</u>	<u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06004

Reg. Dist. No. 166

The correct age is especially important. Supply every item of information carefully. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND Rural			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL			STREET ADDRESS (If rural, give location) ROUTE #1		
3. NAME OF DECEASED (First) (Middle) (Last) ERNEST Carlton JUNKINS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/5/1891	9. AGE last birthday 59 yrs.	10. If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		
11. BIRTHPLACE (State or foreign country) BAYARD, WEST VIRGINIA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JUNKINS, GABRIEL			14. MOTHER'S MAIDEN NAME WHITE, KATE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS MRS. ERNEST JUNKINS, ROUTE 1 OAKLAND, MD.					

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

15 mins

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Sclerotic HEART DISEASE

3 yrs

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE			PLACE (Home, farm, factory, street, office bldg., etc.) INJURY			(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY			INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 1949, to June 2, 1951, that I last saw the deceased

alive on June 2, 1951, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE James H. Deaton Jr. M.D. 58 2nd St OAKLAND, MD DATE SIGNED 6-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 6/6/1951	NAME OF CEMETERY OR CREMATORY Oakland Cemetery	LOCATION (City, town, or county) Oakland, Md.	(State)
DATE REC'D BY LOCAL REG. 6/6/51		REGISTRAR'S SIGNATURE Julia M. Brown		24. FUNERAL DIRECTOR Emory D. Bolden	
				ADDRESS Oakland, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

100105

RECEIVED  
JUN 13 1961  
BUREAU V. S.  
JUN 13 1961

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06005

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Garrett, Accident</u> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Accident, Md. Rural</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Accident, Md. Rural</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
			<u>Infant Kahl #1</u>	<u>6/7/1951</u>	<u>19</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
	<u>White</u>		<u>6/7/1951</u>		<u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>Raymond Kahl</u>			<u>Nellie Detrick.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY No.		
17. INFORMANT AND ADDRESS					
<u>Raymond Kahl, Accident, Md.</u>					

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Premature Infant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 1951, to 7 June, 1951, that I last saw the deceased

alive on 7 June, 1951, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 6/8/1951 Zion Cemetery Accident, Md.

DATE REC'D BY LOCAL REGS.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/8/51 Julia Dawson Emory D. Bolden Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

10607135824

RECEIVED  
JUN 19 1951  
BUREAU Y. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06006

Reg. Dist. No. 166

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<b>1. PLACE OF DEATH-</b> COUNTY <u>Garrett</u> <u>Oakland,</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland, Maryland</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		<b>2. USUAL RESIDENCE (HOME) OF DECEASED-</b> STATE <u>Maryland,</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland, Maryland.</u> STREET ADDRESS _____ (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>George</u> (First) <u>Little</u> (Middle) <u>Little</u> (Last)		<b>4. DATE OF DEATH</b> (Month) <u>6</u> (Day) <u>18</u> (Year) <u>1951</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Widower</u>	<b>8. DATE OF BIRTH</b> <u>9/4/1858</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Pumper for the B. &amp; O. R.R. Co.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Ithica, New York,</u>
<b>13. FATHER'S NAME</b> <u>David Little</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Eliza Jamison.</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>17. INFORMANT AND ADDRESS</b> <u>Mrs. Alice Turney, Oakland, Md.</u>	

<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <b>Immediate cause</b> (a) <u>Cerebral vascular Accident</u> <b>Antecedent cause(s)</b> (b) <u>Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 wk</u>
--	--	--

<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____
<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY</b> _____	
<b>TIME (Month) (Day) (Year) (Hour) OF INJURY</b> _____		<b>INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
<b>HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 17, 1951</u> , <b>to</b> <u>Jan 12, 1951</u> , <b>that I last saw the deceased alive on</b> <u>Jan 17, 1951</u> , <b>and that death occurred at</b> <u>12:15 a.m.</u> , <b>from the causes and on the date stated above.</b>	

<b>23. BURIAL, CREMATION REMOVAL (Specify)</b> <u>Burial</u>		<b>DATE THEREOF</b> <u>6/20/1951</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Cemetery</u>		<b>LOCATION (City, town, or county) (State)</b> <u>Oakland, Maryland.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>6/20/51</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Julia D. Tawon</u>		<b>24. FUNERAL DIRECTOR</b> <u>Emory D. Bolder</u>		<b>ADDRESS</b> <u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. 1A151



RECEIVED  
JUN 22 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

06007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Oakland</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland, Md.</u> TOWN <u>Oakland, Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Garrett</u> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland, Md</u> TOWN <u>49 Seventh St, Oakland, Md</u> STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>M ICHAE</u> (First) <u>ROBERT</u> (Middle) <u>MARONEY</u> (Last)		4. DATE OF DEATH <u>6</u> (Month) <u>8</u> (Day) <u>1951</u> (Year)					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>5/27/1869</u>	9. AGE last birthday <u>82</u> yrs.	10. If under 1 year Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STREET COMMISSIONER</u>		11. BIRTHPLACE (State or foreign country) <u>Oakland, Maryland.</u>			
13. FATHER'S NAME <u>MICHAEL R. MARONEY</u>		14. MOTHER'S MAIDEN NAME <u>Bridget C. KEEFE.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT AND ADDRESS <u>ROBERT MARONEY, OAKLAND, MD. SON.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a) <u>Carcinoma of stomach</u>					<u>4 mos.?</u>		
Antecedent cause(s) (b) <u>Senility</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>					19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 47</u> , 19 <u>51</u> to <u>June 8, 51</u> , that I last saw the deceased alive on <u>June 8, 51</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas L. Quoly M.D.</u>		(Degree or title)		ADDRESS <u>Oakland, Md</u> DATE SIGNED <u>9 June 51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>6/11/1951</u>		NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> LOCATION (City, town, or county) <u>Oakland, Md.</u> (State)			
DATE REC'D BY LOCAL REG. <u>6/11/1951</u>		REGISTRAR'S SIGNATURE <u>Julia A. Rowan-Local</u>		24. FUNERAL DIRECTOR <u>Emory D. Bolden</u> ADDRESS <u>Oakland, Md.</u>			

290936

RECEIVED  
JUN 19 1951  
BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06008

## CERTIFICATE OF DEATH

Reg., Dist. No. 162

## 1. PLACE OF DEATH

COUNTY Barrett MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville LENGTH OF STAY (in this place)  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 1/2 miles East

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Pennsylvania COUNTY Allegheny  
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh  
 STREET ADDRESS (If rural, give location) 1226 Hilldale Ave.

## 3. NAME OF DECEASED

(Type or Print)  
 BERNARD

(First)

(Middle)

(Last)

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

5. SEX  
 male

6. COLOR OR RACE  
 white

7. SINGLE, MARRIED, WIDOWED, DIVORCED  
 (Specify) married

8. DATE OF BIRTH  
 Sept-21-1926

9. AGE last birthday  
 27 yrs.

If under 1 year 19 51  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Public Health Bros. Wholesale Gro.

10b. KIND OF BUSINESS OR INDUSTRY  
truck driver

11. BIRTHPLACE (State or foreign country)  
Pittsburgh, Pa

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

## 13. FATHER'S NAME

Edward McFadden

## 14. MOTHER'S MAIDEN NAME

Mary Reppert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS  
Mrs. Betty McFadden

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Multiple Injuries - Probable fracture of skull, compound fracture Rt. Femur, severe lacerations of face, ears, & neck  
 (b) None  
 (c) None

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

none

## 19b. MAJOR FINDINGS OF OPERATION

none

## INTERVAL BETWEEN ONSET AND DEATH

None

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)  
Accident

PLACE (Home, farm, factory, street, office, etc.)  
Highway

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
June 16/51 5:30 a.m.

INJURY OCCURRED  
 While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?  
Auto Accident

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

Thomas J. Quohy M.D.

Oakland, Md. (Examiner) 16 June 51

## 23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE

June 19-51

NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

June 16/51 Ethel Broadwater

24. FUNERAL DIRECTOR

Wm. Albinsterburg ADDRESS GRANTSVILLE

683609 MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 46

RECEIVED  
JUN 19 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06009

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

*Med. Exam.*

1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Alleghany</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crantsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cumberland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4 1/2 miles East</u>		STREET ADDRESS (If rural, give location) <u>112 Fredenck St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>WILLIAM</u>	(Middle) <u>LEROY</u>	(Last) <u>METZ</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 25 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	9. AGE last birthday <u>15</u> yrs.
13. FATHER'S NAME <u>JOSEPH F METZ</u>		14. MOTHER'S MAIDEN NAME <u>ESTER L BRYAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>NONE</u>	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>JOSEPH F METZ</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>825.5</u>	(a) <u>Multiple injuries - definite skull fracture, multiple lacerations and contusions.</u>		
Antecedent cause(s) <u>170c</u>	(b) <u></u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>Highway</u>	(CITY OR TOWN) <u>4 1/2 miles east of Crantsville, Garrett Co. Md</u>	(COUNTY) <u>Garrett</u>	(STATE) <u>Md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 16/51 6:30 AM</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Auto Accident</u>			

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:30 A. (?) from the causes and on the date stated above.

SIGNATURE <u>Thomas J. Quohy M. D. Oakland, Md - Examiner</u>		ADDRESS <u>Active Medical</u>		DATE SIGNED <u>16 June 51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE <u>JUNE 18 51</u>	NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>	LOCATION (City, town, or county) <u>CUMBERLAND ALLEGANY MD</u>	(State) <u>Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Ethel Broadwater</u>	24. FUNERAL DIRECTOR <u>Louis Stein, Inc.</u>		ADDRESS <u>Cumberland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 4 1951  
BURT



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

06010

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <u>Berrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>W. Va</u> TOWN <u>Brandonville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>W. Va</u> COUNTY <u>Putnam</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brandonville</u> TOWN <u>Brandonville</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Wilbur</u>	(Middle) <u>Franklin</u>	(Last) <u>Meyer</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>8/22/165</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9. AGE last birthday <u>86</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Amos Meyer</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Herring</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Grace Sittiger (Daughter)</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Suppurative Heart Failure</u>	
Antecedent cause(s) (b) <u> Pernicious Anemia</u>	
902.7 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
186a (c) <u>Fracture right femur</u>	<u>2 wks</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u> INJURY <u>Fracture</u>	(CITY OR TOWN) <u>Danland</u> (COUNTY) <u>Berrett</u> (STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) <u>May 15-1951 12:00</u> INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell out of wheel chair</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) E. S. Sittiger M.D. ADDRESS Danland MD DATE SIGNED 6/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>16-3-1951</u>	<u>16-3-1951</u>	<u>Putnam Cemetery</u>	<u>Brandonville W. Va.</u>	<u>W. Va.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6-3-1951</u>	<u>Julia G. Rowan</u>	<u>E. S. Sittiger</u>	<u>Danland MD</u>	

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

JUN 13 1951

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06011

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cumherland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>20 Oak St</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Isabel</u> (Middle) <u>Winters</u> (Last) <u>Jeff</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>3</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Dec 31-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Overseas</u>	9. AGE last birthday <u>77</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Cumherland Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown Sylvester Father</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs. William Shiver, Granddaughter</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Uremia

Antecedent cause(s)

(b)

Essential Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

2 wks

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1950, to June, 1951, that I last saw the deceased

alive on May 10, 1951, and that death occurred at 10:55 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. J. Baumgartner M.D.

Oakland Md

6/3/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>June 6 1951</u>	<u>Robt. Hall Cemetery</u>	<u>Cumberland</u>	<u>Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>June 6/51</u>	<u>Julia Moscov</u>	<u>Louis Stein, Inc. - Cumberland</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

held to try to obtain family history  
unable to obtain her mother's maiden  
name

RECEIVED  
JUN 19 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06012

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) RURAL # 2 DEER PARK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) BABY	(Middle) BOY	(Last) NINER	4. DATE OF DEATH (Month) JUNE (Day) 20 (Year) 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH JUNE 18, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. 2
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME OLIVER FREDERICK NINER		14. MOTHER'S MAIDEN NAME DOROTHY ALICE FRIEND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mr. & Mrs. Oliver Niner, Deer Park, Md.		Route # 2	

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Immature Infant

INTERVAL BETWEEN ONSET AND DEATH

2 days

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION

#### 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☐

#### 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 June, 1951, to 20 June, 1951, that I last saw the deceased

alive on 20 June, 1951, and that death occurred at 7:53 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6/21/1951 Glendale Cemetery Near Swanton, Md. 20611 182403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06013

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>McHenry</u> <u>MARYLAND</u>			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland.</u> COUNTY <u>Garrett</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>McHenry Md</u> <u>Rural</u> <u>2 years</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>McHenry, Md</u> <u>Rural</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		(First)	(Middle) <u>Catherine</u>	(Last) <u>Raymond</u>	4. DATE OF DEATH <u>6</u> <u>29</u> <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>11/27/1876</u>	9. AGE last birthday <u>74</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Swanton, Maryland</u>	
13. FATHER'S NAME <u>Zacharis Taylor Sloan.</u>		14. MOTHER'S MAIDEN NAME <u>Adeline Miller.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs. Sadie Edgar, McHenry, Md.</u>	

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Vascular Accident

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Antecedent cause(s)

(b) Hyperextension

Years

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

#### 19a. DATE OF OPERATION

#### 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☐

#### 21. ACCIDENT (Specify)

SUICIDE  
HOMICIDE

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY

INJURY OCCURRED  
While at Not While  
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1951, to 6-29, 1951, that I last saw the deceased

alive on 6-25, 1951, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

7/3/1951

Salisbury Cemetery

Salisbury, Pa.

DATE REC'D BY LOCAL  
REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

7/3/1951

Julius L. Rowan

Emory B. Bolden

Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151



RECEIVED  
JUL 17 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

06014

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>Garrett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Friendsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Friendsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LLOYD</u>		(Last) <u>SCHROYER</u>	
4. DATE OF DEATH <u>June 10</u> 19 <u>51</u>		(Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9 Aug 1892</u>
9. AGE last birthday <u>58</u> yrs.		If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Carrier</u>	
11. BIRTHPLACE (State or foreign country) <u>Accident, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Wesley Schroyer</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Jane Smitzer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. (If yes, give war or dates of service)	
17. INFORMANT <u>Wesley Schroyer</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Probable acute heart failure

INTERVAL BETWEEN ONSET AND DEATH

7 or 8 hours

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardio-vascular disease4 years?(c) "Sick" for about 4 years with attacks of undiagnosed chest (cardiac) painII. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS  
PRIMARY ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH.PLACE (Home, farm, factory, street, office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thomas F. Rushy M.D. (Acting Examiner) Oakland, Md.

10 June 5123. BURIAL, CREMATION  
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 12-1951Mrs. Kathryn FikeErroy D. Bolden, OaklandMd.

335906

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 18 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

06015

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND, MARYLAND		STREET ADDRESS (If rural, give location) 115 SECOND STREET	
3. NAME OF DECEASED (Type or Print)	(First) JAMES (Middle) P (Last) TREACY	4. DATE OF DEATH	(Month) JUNE (Day) 8 (Year) 19 51
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 6/6/1875
9. AGE last birthday 76 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.A	
11. BIRTHPLACE (State or foreign country) COUNTY GALWAY, IRELAND.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME TREACY, JAMES		14. MOTHER'S MAIDEN NAME BOYLE, MARY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS JOHN T. TREACY, OAKLAND, MARYLAND (SON)			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Cerebral Vascular Accident

## INTERVAL BETWEEN ONSET AND DEATH

10 days

## Antecedent cause(s)

(b)

Hypertension

12 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 1940, to Jan 1951, that I last saw the deceased

alive on Jan 8, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	6/11/1951	St Peter's Cemetery	Oakland, Md.	
DATE REC'D BY LOCAL REG.	6/11/1951	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Julia C. Rawson	Emory D. Bolden	Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290699

RECEIVED  
JUN 19 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06016

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <b>Garrett</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Rural- Deer Park</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural- Deer Park</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>2 miles East</b>		STREET ADDRESS (If rural, give location) <b>2 Miles East</b>	
3. NAME OF DECEASED (Type or Print) <b>Rachel</b> (First) <b>Elizabeth</b> (Middle) <b>Wilson</b> (Last)		4. DATE OF DEATH (Month) <b>June</b> (Day) <b>4</b> (Year) <b>51</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 23, 1895</b>	
9. AGE last birthday <b>56</b> yrs.		10. If under 1 year Months <b>19</b> Days <b>19</b> Hours <b>19</b> Mln.	
10a. USUAL OCCUPATION (Give kind of work if deceased was working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Garrett Co., Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Tilden R. Harvey</b>		14. MOTHER'S MAIDEN NAME <b>Anna Susan Tasker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Verda Thomas, Mt. Morris, Pa.</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

**Uremia (Chronic glomerulonephritis)**

INTERVAL BETWEEN ONSET AND DEATH

**1 week?**

## Antecedent cause(s)

**Malignant hypertension**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

**Severe Anemia, Incisional Hernia**

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

**none**

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **24 Feb**, 19**51**, to **2 June**, 19**51**, that I last saw the deceasedalive on **2 June**, 19**51**, and that death occurred at **1:55 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION BURIAL (Specify)		DATE THEREOF <b>6/6/51</b>		NAME OF CEMETERY OR CREMATORY <b>Deer Park Cemetery</b>		LOCATION (City, town, or county) <b>Deer Park, Md.</b>		(State)	
---	--	-------------------------------	--	--	--	---	--	---------	--

DATE REC'D BY LOCAL REG. <b>6/6/1951</b>		REGISTRAR'S SIGNATURE <b>Julia K. Brown</b>		24. FUNERAL DIRECTOR <b>Otha F. Sharpless, Blaine, W. Va.</b>		ADDRESS	
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MARGIN RESERVED FOR BINDING

VS. 417

RECEIVED  
JUN 13 1951  
BUREAU V. S.